

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	SUPERCONDUCTING MAGNET COIL SUPPORT STRUCTURE																					
Application Number : Date : First Named Applicant: Stephen R. Elgin, II Attorney Docket Number: 15NM5686																						
<b>TOTAL FEE AUTHORIZED \$ 790</b>																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as large entity																						
<b>BASIC FILING FEE</b>																						
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 750</td></tr></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	750	750	Subtotal For Basic Filing Fees: \$ 750										
Fee Description	Fee Code	Amount \$	Fee Paid \$																			
Utility Filing Fee	1001	750	750																			
Subtotal For Basic Filing Fees: \$ 750																						
<b>EXTRA CLAIM FEES</b>																						
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 20</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>84</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	1202	18	0	Independent Claims : 2	0	1201	84	0	Subtotal For Extra Claims Fees: \$ 0			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																		
Total Claims : 20	0	1202	18	0																		
Independent Claims : 2	0	1201	84	0																		
Subtotal For Extra Claims Fees: \$ 0																						
<b>ASSIGNMENT FEES</b>																						
<table border="1"><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></table>				Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40	Subtotal For Additional Fees: \$40						
Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$																	
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40																	
Subtotal For Additional Fees: \$40																						
<b>AUTHORIZED BILLING INFORMATION</b>																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Deposit account number:	070845																					
Access Code	*****																					
Deposit name:	GE Medical Systems																					
Deposit authorized name:	Jeffrey J. Chapp																					
Signature:	Jeffrey J. Chapp																					

Date (YYYYMMDD):

2003-07-28

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.